

**Boston National Title Agency, LLC**

**Recording Requested By/**

**Leslie Swartz  
116 Hawthorne Way  
Stateline, NV 89449**

**Order No: NV17100663**

<b>DOUGLAS COUNTY, NV</b>	<b>2017-898772</b>
Rec:\$17.00	
\$17.00 Pgs=4	<b>05/18/2017 08:14 AM</b>
BOSTON NATIONAL TITLE AGENCY, LLC	
KAREN ELLISON, RECORDER	

---

SPACE ABOVE THIS LINE FOR RECORDER'S USE

**Affidavit – Termination of Joint Tenancy**

**COOPER**

**Affidavit-Termination of Joint Tenancy  
(Death of a Joint Tenant)**

ASSESSOR'S PARCEL NO. (APN#): 1318-20-101-023

RECORDING REQUESTED BY AND MAIL TAX STATEMENT TO
Name: <u>Leslie Swartz</u>
Address: <u>116 Hawthorne Way</u>
City/State/Zip: <u>Stakline, NV 89449</u>

I, LESLIE SWARTZ, the Affiant, being of legal age, and being first duly sworn, deposes and says:  
That TERRI SWARTZ (Deceased Name as shown on Death Certificate) the decedent mentioned in the

attached certified copy Certificate of Death, is the same person as TERRI SWARTZ (Deceased Name as shown on Deed)

named as one of the parties in that certain Grant, Bargain, Sale Deed (Type of Document)

dated on the 11 day of May, 2002 and executed by Calmar's Remis and Anara Remis known as "Grantor(s)" to Leslie Swartz and Terri Swartz known as "Grantee(s)", as Joint Tenants, and recorded as Instrument No. \_\_\_\_\_, on the

17 day of May, 2002, in book 502, Page 5535, of Official Records of Douglas County, Nevada, covering the following described property situated in the City of Stakline, County of Douglas, State of Nevada. (Set forth legal description and commonly known street address, if known)

*See Legal Description attached hereto and made a part hereof as Exhibit "A"*

That value of all real property owned by decedent at date of death, including the full value of the property above described, did not exceed the sum of \$ \_\_\_\_\_

In witness Whereof, I/We have hereunto set my hand/our hands this 15TH day of MAY, 2015

[Signature]  
(Signature) LESLIE SWARTZ  
(Print or type name here)

\_\_\_\_\_  
(Signature)  
(Print or type name here)

STATE OF ~~NEVADA~~ MICHIGAN )  
COUNTY OF ~~ESSEX~~ OAKLAND )  
This instrument was acknowledged before me on (date) MAY 15, 2017  
By (person(s) appearing before notary public) LESLIE SWARTZ  
Susan L Fisher  
(Notary Public)  
My Commission expires: 02/08/2019

(Notary Stamp)

**SUSAN L. FISHER  
NOTARY PUBLIC - STATE OF MICHIGAN  
COUNTY OF OAKLAND  
My Commission Expires Feb. 8, 2019  
Acting in the County of OAKLAND**

**EXHIBIT "A"**

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

A portion of Lot 6 of the Revised Plat of the Northeast quarter of the Northwest Quarter of Section 26, Township 13 North, Range 18 East, M. D. B. &M., Douglas County, Nevada, more particularly described as follows:

Beginning at a point on the Section line between section 23 and 26, Township 13 North, Range 18 East, M. D. B. &M., which bears North 89°46' West 819.0 feet from the quarter corner between said Sections 23 and 26, thence South 0°08, West 790.50 feet to the Trust point of Beginning; thence South 0°08' West 87.83 feet; thence North 89°42' West 163.80 feet; thence North 0°08' East 87°83 feet; thence South 89° 46' East 163.80 feet to the point of beginning.

Note: The Property address and tax parcel identification number listed are provided solely for informational purposes, without warranty as to accuracy or completeness and are not hereby insured.

Tax ID# 1318-26-101-023

Being that parcel of land conveyed to Leslie Swartz and Terri Swartz, husband and wife as joint tenants from Gunars Reinis and Inara Reinis, Trustees of the Reinis Living Trust dated February 8, 1998 by that deed dated 5/11/2002 and recorded 5/17/2002 in deed book 502, at page 5585 of the Douglas County, NV public registry.

STATE OF MICHIGAN  
CERTIFICATION OF VITAL RECORD

COUNTY OF OAKLAND

STATE OF MICHIGAN

STATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATH

STATE FILE NUMBER  
3821200

TYPE/PRINT  
IN  
PERMANENT  
BLACK INK

LF  
CF



16134PC000786.002.002

NAME OF DECEDENT  
For use by physician or institution

PARENTS

INFORMANT

DISPOSITION

CERTIFICATION

CAUSE OF DEATH

MEDICAL EXAMINER

1. DECEDENT'S NAME (First, Middle, Last) <b>TERRI SWARTZ</b>		2. DATE OF BIRTH (Month, Day, Year) <b>APRIL 4, 1949</b>		3. SEX <b>FEMALE</b>		4. DATE OF DEATH (Month, Day, Year) <b>APRIL 29, 2016</b>	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any) <b>TERRI SCHWARTZ</b>				6a. AGE - Last Birthday (Year) <b>67</b>		6b. UNDER 1 YEAR MONTHS: _____ DAYS: _____	
6c. UNDER 1 DAY HOURS: _____ MINUTES: _____				7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) <b>5232 MIRROR LAKE COURT</b>		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>WEST BLOOMFIELD Twp</b>	
7c. COUNTY OF DEATH <b>OAKLAND</b>		8a. CURRENT RESIDENCE - STATE <b>MICHIGAN</b>		8b. COUNTY <b>OAKLAND</b>		8c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE (include limits of) <input checked="" type="checkbox"/> TOWNSHIP <input type="checkbox"/> UNINCORPORATED PLACE <b>WEST BLOOMFIELD Twp</b>	
8d. STREET AND NUMBER (include Apt. No. if applicable) <b>5232 MIRROR LAKE COURT</b>		8e. ZIP CODE <b>48323</b>		9. BIRTHPLACE (City and State or Country) <b>DETROIT, MICHIGAN</b>		10. SOCIAL SECURITY NUMBER <b>[REDACTED]-1759</b>	
11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>BACHELORS DEGREE</b>		12. RACE - American Indian, White, Black, etc. (if Asian, give nationality; ie. Chinese, Filipino; Asian Indian, etc.) (Enter all that apply) <b>WHITE</b>		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe <b>RUSSIAN/HUNGARIAN</b>		13b. HISPANIC ORIGIN (Yes or No) <b>NO</b>	
14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>NO</b>		15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. <b>HOMEMAKER</b>		16. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>MARRIED</b>	
18. NAME OF SURVIVING SPOUSE (if wife, give name before first married) <b>LESLIE SWARTZ</b>		19. FATHER'S NAME (First, Middle, Last) <b>ADOLPH SCHWARTZ</b>		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>MILDRED NELSON</b>			
21a. INFORMANT'S NAME (Type/Print) <b>LESLIE SWARTZ</b>		21b. RELATIONSHIP TO DECEDENT <b>HUSBAND</b>		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>5232 MIRROR LAKE COURT, WEST BLOOMFIELD, MI</b>			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) <b>BURIAL</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>ADAT SHALOM MEMORIAL PARK</b>		23b. LOCATION - City or Village, State <b>LIVONIA, MI</b>			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE 		25. LICENSE NUMBER (of Licensee) <b>6818</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>THE DORFMAN CHAPEL 30440 TWELVE MILE RD., FARMINGTON HILLS, MI 48334</b>			
27a. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title: <b>Amy Goldfade M.D.</b>		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>9:30 PM</b>		28b. PRONOUNCED DEAD ON (Month, Day, Year) <b>April 30, 2016</b>		28c. TIME PRONOUNCED DEAD <b>7:38 AM</b>	
27b. DATE SIGNED (Mo., Day, Yr.) <b>5-3-16</b>		27c. LICENSE NUMBER <b>AG0489031</b>		29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>Yes</b>		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) <b>RESIDENCE</b>	
31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DGA (Specify)		32. MEDICAL EXAMINER'S CASE NUMBER (if applicable) <b>16-2521</b>		33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print) <b>Amy Goldfade, M.D. 5777 W. Maple Rd. #140 West Bloomfield, MI</b>			
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print)		35a. REGISTRAR'S SIGNATURE <b>Utum</b>		35b. DATE FILED (Month, Day, Year) <b>MAY 05 2016</b>			
36. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, IF ANY, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		a. <b>intractable ventricular fibrillation</b>		Approximate Interval Between Onset and Death <b>minutes</b>		b. <b>non ischemic cardiomyopathy</b> <b>70 years</b>	
c. <b>mitral valve disease</b> <b>70 years</b>		PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		38. IF FEMALE: <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year	
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) <b>NATURAL</b>		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>NO</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No)			
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY <b>M</b>		41c. DESCRIBE HOW INJURY OCCURRED			
41d. INJURY AT WORK (Yes or No)		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State	

DCH-0483 (Rev 9/15/09)

44-775959

WARNING

ANY REPRODUCTION IS PROHIBITED BY LAW.  
DO NOT ACCEPT UNLESS ON SECURITY PAPER WITH COLORED BACKGROUND AND EMBOSSED SEAL OF COUNTY OF OAKLAND.  
NOT VALID IF PHOTOCOPIED.

MAY 05 2016

DATE

I, LISA BROWN, CLERK AND REGISTER OF DEEDS OF SAID COUNTY OF OAKLAND DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

LISA BROWN

Oakland County Clerk and Register of Deeds

By:   
Deputy Clerk

ANY ALTERATION OR FALSURE VOIDS THIS CERTIFICATE

